

Breaking down barriers of interprofessional collaboration between social work and financial and employment service organizations

Carla Nouwen

Tranzo, Tilburg University, Tilburg, The Netherlands

Isolde Driesen

Lentl, Oss, The Netherlands

Lisbeth Verharen

*Research Centre for Social Support and Community Care,
HAN University of Applied Sciences, Campus Nijmegen, Nijmegen,
The Netherlands, and*

Tine Van Regenmortel

Tranzo, Tilburg University, Tilburg, The Netherlands

Abstract

Purpose – The growing number of people with multiple problems in different areas of life means that cross-domain interprofessional collaboration is becoming increasingly important. This study aims to focus on interprofessional collaboration between professionals from social work and financial and employment service organizations in The Netherlands. This type of cross-domain collaboration is still mostly superficial, and limited empirical knowledge is available about its beneficial factors.

Design/methodology/approach – The interprofessional collaboration model of [Mulvale et al. \(2016\)](#) was used as theoretical background for the research methodology and to reflect on the findings of our study.

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Data was collected through a qualitative study among professionals ($N = 18$) from social work and financial and employment service organizations in three different Dutch municipalities.

Findings – Similar team-level collaboration mechanisms of Mulvale *et al.*'s (2016) model were seen within this study. Joint client meetings were very beneficial for the interprofessional collaboration. Further beneficial factors include the decision-making process, team vision, client as an equal member, open communication and the appointment of a coordinator.

Research limitations/implications – Further special attention is needed to determine how best to allocate co-ordinating tasks, and how organizational and policy contexts affect the functioning of interprofessional collaborative teams.

Originality/value – This study offers an empirical view on a cross-domain collaboration between social work and financial and employment service organizations, by using Mulvale *et al.*'s (2016) model. In addition, this study also offers special attention to the role of the client in interprofessional collaborative teams.

Keywords Financial and employment service organizations, Interprofessional collaboration, Joint client meetings, Professional perspective, Social work, Team level

Paper type Research paper

1. Introduction

In many countries, diversity and specialisation in health care and social service professions and functions has increased, leading to more fragmented care and making integrated care more difficult (Axelsson and Bihari Axelsson, 2006; Matscheck and Piuva, 2020). Each profession has its own professional roles, tasks and responsibilities within an organization, and each professional has his or her own vision for a client with multiple problems requesting help. Ensuring that support to people with multiple problems is and remains aligned requires professionals to work together interprofessional (D'Amour and Oandasan, 2005; Panhuijzen *et al.*, 2017; Matscheck and Piuva, 2020). Interprofessional collaboration can be defined in various ways, such as a development of a cohesive practice between professionals from different disciplines (D'Amour and Oandasan, 2005, p. 9). It is a process by which professionals reflect on and develop ways of practicing that provide an integrated and cohesive answer to the needs of the client/family/population.

Establishing interprofessional collaboration is a complex, dynamic and voluntary process and to achieve it between different organization fields, a wide range of human dynamics need to be developed within a team, and additional professional effort is required (D'Amour *et al.*, 2005). This study investigated the interprofessional collaboration between professionals of social work and financial and employment service organizations, in the Dutch context. Some years ago, the Dutch Government and municipalities noted that care for vulnerable populations with multiple problems had become too fragmented (Van Arum and Lub, 2014). This was one of the reasons why the social domain in The Netherlands was transformed in 2015 with one of the aims being to strengthen integrated care close to the citizen for people living in socially vulnerable circumstances (Oude Vrielink *et al.*, 2014). Research showed that interprofessional collaboration between social work and financial and employment organizations in The Netherlands was still in its infancy, with these services often operating relatively independently (Oude Vrielink *et al.*, 2014; Panhuijzen *et al.*, 2017; Stouten *et al.*, 2018), due to the differing legislation and roles for the services and care providers in these separate practice fields (Munday, 2007; Panhuijzen *et al.*, 2017). Municipalities in The Netherlands are directly responsible for the delivery of most social support services for residents living in socially vulnerable circumstances (Oude Vrielink *et al.*, 2014). In recent years, many municipalities have implemented district social teams with a multidisciplinary composition, most often involving professionals from social work practice. In 2017, just over one-fifth of municipalities had short lines of communication

between the district social teams and social organizations of finances and employment (Van Arum and Van Den Enden, 2018). Several countries still lack sufficient interprofessional collaboration between domains, as the integration of various public services is complex due to the funding system, different regulations and laws and ideological goals (Munday, 2007; Panhuijzen *et al.*, 2017; Lillehaug Pederson, 2020; Matscheck and Piuva, 2020).

To combat fragmented care, collaborative models have been developed and implemented in many countries, such as multidisciplinary teams, case management and coordinated care plans (Maruthappu *et al.*, 2015; Matscheck and Piuva, 2020). Establishing integrated care is country specific and depends on the national government, laws and regulations (Saikku and Karjalainen, 2012). In Sweden, social services and health care have been legally obliged to draw up Coordinated Individual Plans (CIP) to promote integrated care (Matscheck and Piuva, 2020). According to the Governmental Proposition, the purpose of CIP is to clarify responsibility, improve the care process and to increase users' involvement in their own care. In recent years, cross-domain collaboration, and the integration of different public services, has become a major policy priority in many European countries (Munday, 2007; Lillehaug Pederson, 2020). Professionals collaborating in a team with different communication protocols and skills must be prepared to adjust to effectively collaborate with other types of professionals and jointly support the client (Stone *et al.*, 2010). Various studies showed that multidisciplinary meetings promote collaboration in integrated care (Christie *et al.*, 2015; Kassianos *et al.*, 2015). Multidisciplinary team meetings are a common approach to improve collaboration between different specialities and the clients' understanding of the care management and process (Christie *et al.*, 2015; Ruhstaller *et al.*, 2006). The shared decision-making process during multidisciplinary team meetings reduces wide variations in decisions made by professionals acting independently and prevent unnecessary investigations (Ruhstaller *et al.*, 2006).

In our study, we introduced the "joint client meeting" as a type of multidisciplinary meeting to strengthen interprofessional collaboration. The joint client meeting consist of periodical meetings in which professionals from social work and financial and employment organizations are present, alongside the client who is present and central to the meeting. The client was considered as a full actor in the help process and act as one of the main actors during the joint client meeting, referred to the paradigm of empowerment (Van Regenmortel, 2009). In this article, we describe what, from the professionals' perspective, are beneficial factors of interprofessional collaboration between social work and financial and employment organizations. We focus on the professionals' perspective, because cross-domain interprofessional collaboration requires them to work differently and the practical experience of professionals adds value to understanding which factors are important for interprofessional collaboration. Interprofessional collaboration depends on the willingness of professionals to collaborate with both the client and professionals from other domains. This topic deserves special attention because it is not always facilitated as a matter of course from within the organization (Panhuijzen *et al.*, 2017; Van Arum and Van Den Enden, 2018). The perspective of clients about experienced benefits with integrated care was examined in a separate study published in an earlier article (Nouwen *et al.*, 2023).

1.1 Aim and research question

Summarising, this article focuses on the interprofessional collaboration between social work and financial and employment service organizations in The Netherlands, and seeks to address the question:

Q1. What are the beneficial factors of the interprofessional collaboration between social work and social services of finances and employment from the professional perspective?

Polstra *et al.* (2018) showed that there are four perspectives of integrated care that each contribute to successful interprofessional collaboration:

- (1) client;
- (2) professional;
- (3) organization; and
- (4) policy and governance.

Answering the research question of the study in this article could help organizations and municipalities to provide insight into the professional's perspective and to improve the interprofessional collaboration between both domains serving people with multiple problems on different areas of life.

1.2 Theoretical background

For this study, we used Mulvale *et al.*'s (2016) conceptual model of interprofessional collaboration as a framework for the research methodology and to reflect on the findings of our study. Their model is based on a systematic review of 25 years of peer-reviewed literature, which revealed that various factors contribute to improving interprofessional collaboration between health-care workers in Interprofessional Primary Care Teams. Their review included studies on associations between the policy (macro), organizational (meso), team (micro) and individual factors (Mulvale *et al.*, 2016). They recommended that future research should explore the mechanisms of interprofessional collaboration in different contexts. We expect that, regardless of the service field in which someone has requested help, similarities exist in terms of the mechanisms of interprofessional collaboration between different organizations. The findings of Mulvale *et al.* (2016) suggest that interprofessional teams have opportunities to improve their collaboration, regardless of the policy and organizational context within which they operate.

Mulvale *et al.*'s (2016) model thus differentiates into four levels (policy, organizational, team and individual). This article is limited to examine the team level (micro) factors, because the research team were interested in the perspective of the professionals who carry out interprofessional collaboration in practice, and which factors, in the context in which the cross-domain collaboration currently operates, are considered to be beneficial. Mulvale *et al.*'s (2016) study found that 18 factors were important for improved interprofessional collaboration. A total of 13 of the 18 factors were found to be team-level topics that were distinguished into four sub-levels:

- (1) formal processes;
- (2) social processes;
- (3) team attitude; and
- (4) team structure.

The formal processes of setting a team vision or goals, quality through audits or other processes, team meetings, decision-making processes, recognition from supervisors and processes for group problem solving were associated with contributing to interprofessional collaboration. The associated social processes included low levels of conflict in a team, open

communication and supportive colleagues. The attitudinal factors of feeling that there is support for innovation within a team and feeling part of the team were associated with interprofessional collaboration, and finally, team size and having a team champion were the team-level “structure factors” associated with interprofessional collaboration. One side note, the professionals in our study do not form a “team” from one organization with each other as in [Mulvale *et al.*'s \(2016\)](#) model. They are employed from different organizations and/or municipalities. The social services of social work central to this study include professionals such as a social worker, district social team counsellor and mental health care worker. Financial and employment services include professionals such as employment mediator, debt counsellor and a benefit consultant. The participated professionals work together at case level of the participating client. So, in this study we also speak of factors at the team level (micro), but in the context in which our study takes place.

2. Research methodology

2.1 Data sample and collection

To answer the research question, qualitative semi-structured interviews with professionals of social work and financial and employment service organizations ($N = 18$) were carried out in three different municipalities in The Netherlands. During the period from November 2018 to June 2020, eight client trajectories were examined as part of a major study. The 8 client cases involved a total of 40 professionals from the fields of social work and financial and employment service organizations. A total of 18 interviews with professionals were conducted between May and September 2020 when following the 8 client cases was completed by the research team. A selected sampling method was used. Based on the level of involvement of professionals with the client, professionals were approached by the researchers whether they were willing to participate in the interview. In addition, homogeneous groups were sought, where there was a proportionate distribution of the number of professionals of social work and professionals of financial and employment service organizations. [Table 1](#) presents the main characteristics of the participating professionals.

As also described in the introduction, we introduced joint client meetings that took place periodically between the client and professionals involved. First off all, professionals investigated the needs of the people who applied for help. The client was eligible to participate in the study if they needed support from both social work and financial and employment service organizations. If the client agreed to participate in the study and signed the consent form, the professional identified the other professionals involved, who were invited to adopt the interprofessional collaboration that was investigated. After their agreement, a first joint client meeting was planned with the client and the various professionals involved.

The interviews with professionals were either held at their offices or were conducted via video call due to the COVID-19 pandemic. On average, an interview with a professional lasted 45 min. The semi-structured interview guide was developed based on literature of interprofessional collaboration ([Friedlander *et al.*, 2006](#); [Mulvale *et al.*, 2016](#)). The interview covered themes about the experiences with the interprofessional collaboration during the client trajectory where the professional was involved. This interview guide focussed on three topics:

- (1) the experiences with the interprofessional collaboration;
- (2) the beneficial and impeding factors; and
- (3) the experiences with the joint client meeting.

Table 1.
Characteristics of
participated
professionals
(N = 18)

<i>Age range</i>	
27–40	5
41–50	8
51–60	5
<i>Gender</i>	
Male	3
Female	15
<i>Migration background</i>	
Yes	3
No	15
<i>Professional domain</i>	
Social work	9
Financial and employment services	9
<i>Professional expertise</i>	
Social worker	2
District social team counsellor	5
Mental health-care worker	1
Benefit consultant	5
Employment mediator	4
Debt counsellor (working for a district social team)	1

Source: Created by authors

The interview guide comprised ten main questions. Some of the interview questions are as follows:

- “What did the interprofessional collaboration look like and how did you experience your role?”
- “What did you experience as beneficial factors about the interprofessional collaboration?”
- “How have the joint client meetings contributed to interprofessional collaboration?”

2.2 Data analysis

Audio recordings of the interviews were made with the consent of the participants and their organizations. The audio recordings were transcribed verbatim, anonymised and coded into Atlas.ti (Version 9), a computer program used to label and organize text content. The analyses were conducted by the first author of this article and two researchers from the research team, and in close collaboration with the second, third and fourth authors of this article. The data was analysed by using an abductive approach, which offered the possibility of analysis combined an open and unbiased view with a central analysis framework (Timmermans and Tavory, 2012). In addition, it offers the possibility of arriving at theoretical and practical implications. The data analysis procedure consisted of different steps. During the first step, all data was securely stored and checked for anonymity in Atlas.ti. In the second step, the first author of the article and two other researchers of the research team divided the interview transcripts among themselves and used a combination of open and thematic coding. Using thematic coding the researchers analysed the transcripts by identifying and labelling the 13 contributing factors at team level from the model of

Mulvale *et al.* (2016). To ensure reliability and validity, three interviews were (open and thematic) coded and analysed by all three researchers. In the third step, the first author conducted dialogues with the second, third and fourth authors of the article about the findings of the first coding phase in Atlas.ti to also ensure the reliability of the analyses. In the final stage of analysis, the formulated codes were collected into four different group codes, derived from the four sub-levels of the model of Mulvale *et al.* (2016):

- (1) formal processes;
- (2) social processes;
- (3) team attitude; and
- (4) team structure.

This was carried out by the first author of the article and the two researchers of the research team. Finally, a dialogue on group codes took place between the four authors of this article.

3. Findings

In this section, the findings are described according to the four sub-team levels that Mulvale *et al.* (2016) distinguish. We substantiate the findings with quotations from the professionals, which include a reference to the original sources.

3.1 Formal processes

3.1.1 *Team meetings.* One of the formal processes that professionals find very valuable are the joint client meetings, as a type of team meeting as formulated in the model of Mulvale *et al.* (2016). The joint client meetings examined in this study were held in the presence of the client. A quotation from an interview with a district social team counsellor illustrates that it is seen as a way of communicating more efficiently with each other:

I find the joint client meetings very useful. I think that if they become systematic, if there is continuity, then we can achieve goals more quickly. It is efficient because we can save time; everyone is at the table, we can easily distribute tasks and it makes sense for the client because he knows exactly what he can expect from everyone. It saves time in the long run because you don't have to contact everyone individually to discuss a client's questions. (Respondent 5).

Professionals found the presence of the client at the joint client meetings to be very valuable in terms of the ownership of the client, as stated by a benefit consultant:

Recently, we had a consultation about a client and he wasn't there. Later on, we said to each other that actually he should have been present, because we started deciding solutions without knowing what the client thinks. When it turned out that it made no sense at all, we had to sit down together again. (Respondent 4).

In addition, the joint client meetings are advantageous because the *decision-making process* is addressed during the meetings and a shared *team vision* can be jointly formulated together with the client. An employment mediator stated:

I found it effective having all stakeholders of both domains at the table; you didn't have the feeling that the client would talk to someone else, for example the youth worker, the benefit counsellor or the district social team counsellor, and then something else would be decided [so everything] becomes muddled. At the same time, you heard what the expectations were, what everyone involved had done, what was going to happen next and what everyone had in mind. (Respondent 6).

3.1.2 Intensive collaboration in the initial phase. Another factor contributing to efficient working as a formal process is to invest more time in the interprofessional collaboration in the initial phase of the integrated care for the client. This saves time in the long term, as a client then does not need to be supported (intensively) for as long, and it saves money. A social worker said:

More intensive interprofessional collaboration in the first few months of a client's trajectory has the effect that things can be handled much more quickly, and that clients can settle down more quickly. I would like to have this pleasant and very good integrated approach with every client, especially in the initial phase. The question is whether this is practically and organisationally feasible. I think it is cost effective in the long run. (Respondent 2).

3.2 Social processes

3.2.1 Open communication. In this study, as well as a contributing team-level factor in Mulvale *et al.*'s model, value is placed on the willingness of professionals from both service fields to communicate openly with each other. Through open communication, professionals get to know each other's expertise better and are better able work together at the service of the client, with a broader view of the client's needs taken into account. The professionals indicate that they have experienced open communication more during the joint client meetings, examined by this study, than they normally would have. An employment mediator stated:

The open communication of who was involved in the client's situation was effective from my perspective as an employment mediator. In my job, I never have much insight into that. The open communication with each other about what is going on in the background has given me a much more complete picture of the path that someone is on in all areas of life. It has been a huge benefit for me to be able to see how the interventions in the area of work can tie in with interventions in other areas of life. (Respondent 11).

3.2.2 Getting to know each other. The social process of meeting each other and getting to know each other's field of work through joint client meetings was considered to be very conducive to interprofessional collaboration. The professionals indicated that they had more confidence in the integrated care delivered through both domains to the client, and felt that more understanding and respect was shown for the client. Because of the COVID-19 pandemic, meeting in person was not always possible, but it was considered to be very important, as indicated by a benefit consultant:

By meeting and getting to know each other in person, you can better explain what your role is and what is possible. It is very important that you see a face and can have confidence that something is really going to happen. (Respondent 7).

3.3 Team attitude

3.3.1 Feeling part of the team. One of the meaningful attitudinal factors identified was feeling part of the team. From the professional perspective, it was mentioned that during the client process it is important to continuously weigh up what contribution is still needed from whom, both with the client and each other. The professionals indicated that ensuring that everyone feels valuable is an important task for the professional who plans and organizes the consultation, requiring coordination with the client and his/her main contact person prior to the joint client meeting. A social worker said:

Sometimes a client's situation changes, and different or new requests for help arise, which may mean that a specific professional involved is less of value during joint client meetings. For a client, it may then be just as useful for that person to stay connected. (Respondent 4).

The professionals felt part of the team if they were able to play a meaningful role, contributing something to the client's process:

It is important that the client and professionals feel they have something to contribute during a joint client consultation. (Respondent 2).

3.3.2 Thinking outside the box. Another team attitudinal factor identified in this study was that, the different professionals of both service fields found themselves thinking outside the box, which was not previously mentioned by [Mulvale et al. \(2016\)](#). Because the professionals communicated with each other in a cross-domain manner in the presence of the client during the joint client meetings, innovative solutions were devised, and everyone was prepared to do their bit to achieve them. A district social team counsellor shared her experience of interprofessional collaboration with the social services of finances and employment:

Professionals from work and income are quite rigid in what they can and cannot do, but with this approach I experienced that outside-the-box solutions were developed with the client. (Respondent 8).

3.3.3 Empowering approach. Another team attitudinal factor identified in this study, that was not named by [Mulvale et al. \(2016\)](#), is that this approach is empowering for the client. The professionals worked with the client to identify the possibilities for solving the problems they are experiencing in their life. An empowering approach refers also to the partnership, in which the client is considered a full actor in the assistance process ([Van Regenmortel, 2009](#)). The professionals have the role of facilitators who open new avenues for the client. Step by step, the team examine what a person's possibilities are from a strength perspective, and build on them periodically. An employment mediator said:

What I found encouraging about the method we used as professionals in the integrated support for the client was that we looked at his possibilities instead of his limitations. It was also beneficial that the client asked for help, went for treatment for his changed diagnosis and started working on his financial situation. (Respondent 12).

3.4 Team structure

3.4.1 Coordinator. Finally, in terms of team structure, the professionals stated that it was valuable to have a meeting coordinator. The professional who organized the first joint client meeting proved to be assigned the role of the coordinator. According to the professionals, having a coordinator is important to ensure that the integrated support to the client is coordinated between both service fields and unambiguous. It is found that there was often a lack of agreement on the coordinator, however. A quote from a benefit consultant illustrates this:

It's important to keep paying attention to the role and responsibility of the leader, and I missed that. I also kept receiving emails about the client, but I was instructed to let go [not to respond to the emails]. However, I did feel that I had to monitor or supervise the client's situation again and again because I missed communication from the leader who was responsible for it. (Respondent 7).

3.4.2 Fixed caseload. Finally, a team-structure factor that was also considered beneficial by the professionals from the social service field of finances was having a fixed caseload. This means that a client would always see the same benefit counsellor rather than seeing a different one each time. Some benefit consultants said that if they have their own caseload, it

is easier to get to know their clients and keep track of them. The ability to guarantee continuity of support to the client is a benefit of a fixed caseload. Fixed caseloads for professionals from both service fields better facilitates interprofessional collaboration in cross-domain collaborations.

4. Discussion

This study explored which factors were found to be most beneficial, according to professionals, for interprofessional collaboration between social work and financial and employment service organizations to better serve people with multiple problems. These are as follows:

- team meeting*;
- decision-making process*;
- team vision*;
- intensive collaboration in the initial phase, open communication*;
- getting to know each other, feeling part of the team*;
- thinking outside the box, empowering approach, coordinator*; and
- fixed caseload.

Mulvale *et al.*'s (2016) model of interprofessional collaboration was used to explore which team-level collaboration mechanisms are conducive to the cross-domain collaboration practices examined in our study. On the basis of the findings, it can be concluded that 6 of the 13 team-level factors from Mulvale *et al.* (2016) were also observed by this study as factors promoting interprofessional collaboration (in the listing above marked with an*). This study found that five other factors are additionally important contributing interprofessional collaboration between the domains of social work and financial and employment service organizations. From a reflection on the findings, three themes are crucial for promoting interprofessional collaboration between the domains of social work and financial and employment service organizations, namely:

- (1) team meeting (referred to in our study as “joint client meeting”);
- (2) the client as an equal member of the interprofessional collaborative team; and
- (3) the appointment of a coordinator.

4.1 “Joint client meeting”

Findings revealed that one of the beneficial factor was holding joint client meetings. Reflecting on the model of Mulvale *et al.* (2016), this can be seen as a form of team meeting that Mulvale describes as one of the formal process factors. In this study is referred to “joint client meeting”, because it was a joint meeting with the client (not just a multidisciplinary meeting with professionals), and the professionals who provided the integrated care to the client had different employers and were therefore not one formal team. Cultural differences are one of the most frequently mentioned hindering factors, causing professionals from different service organizations to have a different view of tasks and to work from differing paradigms of service provision (Stouten *et al.*, 2018). To be able to provide customised support to clients and properly coordinate services, the professionals should work from a basis of knowing each other well, learning to trust each other and addressing each other regarding “the intention” (D'Amour *et al.*, 2005; Wilken *et al.*, 2020). This study shows that holding joint client meetings is a factor used to shape an integrated approach, allowing professionals to become more familiar with each other's

field of work and better communicate during discussions about all aspects of the client's life. Mulvale *et al.*'s (2016) model shows, as well as the findings of our study, that factors such as feeling part of the team, decision-making process and setting a team vision contribute a lot to improving interprofessional collaboration.

4.2 Client as an equal member

Furthermore, several previous studies recommended that additional research should be performed to explore the role of clients as core members at the centre of the interprofessional collaboration in integrated care (D'Amour *et al.*, 2005; Mulvale *et al.*, 2016). Participation is one of the principles of empowerment (Van Regenmortel, 2020); therefore, client partnership is very important for increasing the empowerment of vulnerable people, as well as to provide better and more efficient support (Van Regenmortel, 2009). Interprofessional collaboration is more efficient when the client's question is held central and the clients participates in the assistance process as an equal partner (Canadian Interprofessional Health Collaborative, 2010; Van Regenmortel, 2009). The client had a central place in the manner in which this study to interprofessional collaboration was conducted. This study examined and experimented with the form that client participation can take in cross-domain collaborations between professionals of social work and financial and employment organizations. The clients participating in the study were asked if they wanted to participate in joint client meetings. This was not mandatory. The client decided to whether or not to participate in these meetings. All clients unanimously decided to participate in the meetings because it was about them and they needed coordinated care. Our previous study of these cross-domain collaborations focussed on the experienced benefits of clients, revealing how important and motivating it is for clients to have their voices heard (Nouwen *et al.*, 2023). We found that clients considered the integrated care approach to be a more efficient way of working that resulted in added value compared with each social service field operating separately (Nouwen *et al.*, 2023). The clients experienced three main benefits: co-ownership, self-regulation and inner peace (Nouwen *et al.*, 2023).

4.3 Coordinator

Like Mulvale *et al.*'s (2016) model, our study found that appointing a coordinator contributes to interprofessional collaboration. Also, previous research of Nuyts (2012) has indicated that a "team" needs a coordinator to make and monitor the preparation and process of an integrated approach. Vulnerable people with multiple problems usually have too much on their minds to be able to properly coordinate their collaboration with various stakeholders and their networks (Nuyts, 2012; Steenssens *et al.*, 2008). It is therefore important that attention is paid to the appointment of a coordinator at the start of an integrated care trajectory (Mulvale *et al.*, 2016; Kromhout *et al.*, 2020). In this study, one of the professionals involved was assigned a coordinator role. It however turned out that it was not always clear what was expected of them in this role and what they should feel responsible for. It is recommended that this get more attention in interprofessional collaborative teams and be explored further in future research, as it does appear to be an important element in improving interprofessional collaboration.

5. Conclusion, limitations and future research directions

As concluded, looking back at the model of Mulvale *et al.*'s (2016), similar team-level collaboration mechanisms were seen within our study. But, certain factors from Mulvale *et al.*'s (2016) model were hardly or not at all observed in the present study, specifically the levels of conflict (social processes) and group problem solving (formal processes). A possible explanation for the fact that these factors were not found is probably the cross-domain context of this study; for example, the emergence and solving of conflicts requires a team to

work together over a long period of time. The formal process factors of quality audit/process and recognition from supervisors were also rarely seen in this study, if at all, which can also be explained by the context in which the study was conducted. Because the professionals worked together temporarily for a short period of time, less attention was paid to formal processes aimed at vision development and quality promotion supported by the organization. This suggests the need for future research to explore how organizational and policy contexts affect the functioning of interprofessional collaborative teams, as well as the roles these contexts play.

This study has limitations like any other academic paper and are essentially methodological in nature. A limited number of professionals from both social service organizations were included in this study. The COVID-19 pandemic also had an impact on data collection. For professionals of the social work and financial and employment organizations, the COVID-19 pandemic had an impact on how they shaped their working tasks. Also some clients indicated that, at the time of the COVID-19 lock-down restrictions, they did not need assistance because the restrictions would prevent them from properly pursuing their goals. For example, a joint client meeting was preferred to be held physically instead of online. As a result, some scheduled joint client meetings were cancelled. Due to the limited number of professionals interviewed, no distinction could be made between professionals from both social service organizations in the analyses. Second, in this article, we only looked at what professionals consider to be beneficial, but did not explore whether these collaborations actually were better in terms of clients results and/or what the professionals and clients noticed in terms of effectiveness. Previous research has shown that clients do experience benefits from these interprofessional collaborations (Nouwen *et al.*, 2023). In our overarching study, an observation instrument was also drawn up on the basis of existing literature, which can be used to assess whether the beneficial factors of interprofessional collaboration are indeed being fulfilled. We hope that additional research will pay more attention to the links between interprofessional collaboration and its impact on the well-being of clients, because cross-domain interprofessional collaborations will be more and more important and frequent.

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About the authors

Msc Carla Nouwen works as a science practitioner/PhD Candidate at Tranzo, Tilburg University and conducts research into the efficacy of integrated care between social work and financial and employment services. She also works as Advisor Policy and Projects at Lentl. Lentl facilitates organizations in the social domain with strategy formation, market development, innovation, operations and governance. Carla Nouwen is the corresponding author and can be contacted at: C.R.W.Nouwen@tilburguniversity.edu

Dr Isolde Driesen is program manager research and development at Lentl and Co-Promoter of the PhD research of Carla Nouwen.

Dr Lisbeth Verharen is HAN-Lecturer Strengthening Social Quality and Co-Promoter of the PhD research of Carla Nouwen.

Prof. Dr Tine Van Regenmortel is an Associate Professor at Tranzo, Tilburg School of Social and Behavioural Sciences, Tilburg University and promoter of the PhD research of Carla Nouwen. She is also professor at HIVA, University Leuven, Belgium: Faculty Social Sciences.

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